

4-Part Programme for Dental Practice Managers Application Form

Part One:

Name of Applicant:					
Job Title:					
Work Address:					
	Postcode:				
Work Tel No:					
Email address:					
GDC Registrant:		Yes		No	GDC No:

The following details are required so that we can obtain confirmation that you will be supported on this course and be allowed to attend all of the dates: **Session 1:** 27 March 2020 | **Session 2:** 5 June 2020 | **Session 3:** 25 September 2020 | **Session 4:** 4 December 2020 | **Session 5:** Date in 2021 to be advised. Please ensure the Principal signs the declaration in **Part Three**.

Part Two:

Practice Principal Name:			
GDC Number:		NHS Performer No:	
Practice Address:			
	Postcode:		
Contact Tel No:			
Email Address:			

Part Three:

Applicant		Practice Principal	
PRINT NAME:		PRINT NAME:	
Declaration: I confirm that the above information is correct and I am available to meet all the dates required for this course. Please sign below:		Declaration: I confirm that the above information is correct. I am happy to support the applicant on this course and will ensure they are freed to meet the dates required. Please sign below:	
Date of Signature:		Date of Signature:	

Please submit Application by email to sue.osullivan@hee.nhs.uk